Post-Event Summary Report for White House Conference on Aging

Name of Event: *NYC Resolutions Summit*

Date of Event: June 17, 2005

Location of Event: New York University (NYU), New York City

Number of Persons attending: 215

Sponsoring Organizations: (1) NYC Department for the Aging, and (2) The Consortium of New York Geriatric Education Centers & Hartford Institute for Geriatric Nursing at the Division of Nursing, NYU

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OVERVIEW OF THE *NYC RESOLUTIONS SUMMIT*

The *NYC Resolutions Summit* was the culminating White House Conference on Aging Independent Aging Agenda Event (IAAE) for New York City bringing together representatives from the 12 prior IAAEs held in New York City from January through May 2005. Participants at the NYC Resolutions Summit who represented academic, health, social service and government organizations, heard summaries from the sponsors of the 12 NYC Independent Aging Agenda Events of their events and reviewed recommendations from each event. The participants then voted on the resolutions they felt were the most critical for the White House Conference on Aging to consider from America's largest urban area with the greatest number of older Americans in the country. The results of their voting are presented below.

RETIREMENT INCOME

Whereas the policy of the federal government, as articulated in the Older Americans Act, is that older Americans are entitled to "an adequate income in retirement in accordance with the American standard of living;" and,
Whereas Social Security benefits are the primary source of retirement income for two-thirds of all older Americans, and for 82% and 78% of older Hispanic Americans and African Americans respectively, and virtually the only source of income for one-third of Older Americans (and 52% of older Hispanic women); and,
Whereas today's poverty rate among those 65 and older of 10.2% would rise to 50% without Social Security; and,
Whereas, there is no immediate "crisis" in the Social Security system (i.e., it is universally agreed that, even without changes, Social Security will be able to pay 100% of the money guaranteed to beneficiaries until at least the year 2041, and at least 75% of benefits thereafter until the end of the 21st century); and,
Whereas proposals to divert a portion of the Social Security payroll tax to private investment accounts would 1) not address Social Security's long-term solvency issues, but rather would speed up the system's insolvency by decades, 2) result in the addition of at least 2 trillion dollars to the national debt (over the next 10 years), 3) replace a system with a guaranteed retirement benefit to one with winners and losers who are at the mercy of a fluctuating stock market, and 4) reduce future guaranteed benefits by up to 50% by 2050; and,
Whereas while guarantees have been made to Americans age 55 and over that no changes will be made to their Social Security benefits, Social Security's solvency will be made much worse by the diversion of Social Security payroll taxes into private accounts, putting current and future benefit recipients at greater risk of future tax increases or benefit cuts to deal with the increased national debt and/or to keep the system solvent in the future; and,
Whereas participants in private investment accounts would have to have saved $250,000 in savings and investments over their lifetimes in order to retire with the same benefits that Social Security would have provided—a difficult, if not impossible, task for the low-income and minority workers whose declining wages, unstable job security and cost of living increases interfere with their ability to build a nest egg of private savings for retirement; and,
Whereas low-income and minority workers are more likely to be engaged in higher risk jobs with fewer worker protections thereby increasing their chances of dying or becoming disabled and making them and their families vulnerable to greater economic insecurities without Social Security disability and survivor benefits; and,
Whereas the availability of defined benefit pension plans, within the reach of previous generations of workers, is increasingly not an option for current and future generations of workers; and,

Whereas current proposals to change the indexing from wage indexing to a "progressive price indexing" will result in significant benefit reductions for low-middle income workers and undermine political support for Social Security by transforming it from a hugely popular, universal, age-based entitlement program into a stigmatized, (de-facto) means-tested "welfare" program,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Oppose so called "reforms" to Social Security that would divert payroll taxes to private investment accounts or change the wage-based indexing of Social Security payments.
Propose alternative solutions for securing Social Security's long-term financial solvency that preserve, rather than destroy, the present system such as raising the ceiling for Social Security taxes above $90,000 and repealing the federal tax cuts of 2001, 2002 and 2003 which benefited primarily the extremely wealthy.

HOUSING

Whereas the federal government has been reducing its support for low income and senior housing and curtailing housing benefits programs such as Section 8 and Section 202 housing; and,
Whereas the national real estate boom has exacerbated an already existing shortage of affordable housing for seniors and caused rents to increase substantially; and,
Whereas housing developments, constructed with taxpayer dollars and meant to house low income families and seniors are currently changing their guidelines and practices in ways that result in the exclusion of low income families and seniors; and,
Whereas discrimination in housing unfortunately still exists; and,
Whereas there is a lack of assisted living facilities with social services for low and middle income seniors,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for increased federal funding to ensure the maintenance of existing and the development of new affordable housing.
Advocate for the federal government to renew its role in implementing housing policies and programs to protect vulnerable populations including the elderly by increasing rental assistance programs, by establishing minimum housing standards for poor communities and by piloting alternative housing strategies to meet the needs of the elderly and the poor.
Support continued funding of existing utilities support programs for low-income elders and housing repair programs for low-income elderly home owners.
Recommend the creation of federal programs to renovate or modify private rental housing units and homes to accommodate the needs of impaired seniors so they can continue to live in the community (e.g., wider doorways for wheelchairs, grab bars in bathrooms, etc.).
Support vigilant enforcement of existing federal regulations against discrimination in housing based on race, color, religion, national origin, sex (gender), family status and disability and the extension of these regulations to prohibit discrimination in housing based on age, creed, marital status, sexual orientation, gender identity, military status and status as the victim of domestic violence, sex offenses or stalking.
Promote the establishment of federal guidelines to ensure the cost of affordable housing does not exceed 30% of the income of senior citizens.
Advocate for the development and support of assisted living for low and moderate income seniors through the expansion of the Section 202 housing program.

MENTAL HEALTH

Whereas approximately 20% of Americans over age 54 experience specific non-aging related mental health disorders, but only 6% of seniors utilize community-based mental health services; and,
Whereas primary care providers frequently fail to diagnose mental health and chemical dependency problems in their older patients; and,
Whereas the stigma attached to mental illness, particularly among the elderly, by government, by the general public, by providers of aging services and by older people themselves, is a major barrier to treatment; and,
Whereas Medicare reimbursement for mental health services is not at parity with funding for physical health services, same-day billing for physical and mental health visits from the same location is not allowed, and documentation for mental health claims is more exacting; and,

Whereas there exists a lack of mental health facilities in low-income minority communities serving different language and cultural residents; and,
Whereas national statistics indicate that there will be a serious workforce shortage of professionals who are knowledgeable about geriatric health and mental health in general and particularly who are linguistically competent and culturally sensitive to minority and immigrant elders at the very time when the Baby Boomers will be swelling the 60+ population and when the cultural composition (race, ethnicity, national origin, religion, sexual orientation and identity, etc.) of the elderly population is becoming more diverse,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Support the Federal Positive Aging Act of 2005 which is designed to increase the availability of mental health services for older adults by integrating them into primary care services and extending them to other local settings that reflect the needs, including the linguistic and cultural needs, of the community residents.
Propose additional provisions to the Federal Positive Aging Act that include geriatric mental health training of primary care providers and linguistically/culturally diverse and competent public education campaigns to reduce the stigma of mental illness.
Advocate for improvements to Medicare that would allow same day visits to both medical and mental health providers, to increase reimbursement for mental health services to create parity with physical health claims and to reduce documentation requirements for mental health claims.
Propose federal initiatives aimed at the development of a linguistically and culturally competent geriatric mental health workforce.

MEDICARE AND HEALTH CARE COVERAGE

Whereas the Medicare "Modernization" Act of 2003 radically altered the nature of Medicare by privatizing a system that was previously accessible to all seniors over 65, by changing the way in which beneficiary premiums are calculated (i.e., based on the prior year's actual Medicare reimbursement costs to health care providers) to now include a portion of the cost of Medicare's politically motivated subsidies to the private sector (i.e., HMOs, PPOs and the pharmaceutical companies), and by undermining its political support through the introduction of a means test in the calculation of its premiums; and,
Whereas the Medicare "Modernization" Act includes a huge gap in the coverage of beneficiaries' prescription drugs (i.e., the "doughnut hole"), prohibits government agencies from negotiating with the pharmaceutical companies to lower the cost of drugs, and prohibits the importation of safe and cheaper prescription drugs; and,
Whereas pharmaceutical companies spend billions of dollars marketing their products to the public thereby needlessly increasing the costs of prescription drugs for all Americans; and,
Whereas employers are increasingly cutting or eliminating health and prescription drug benefits for their employees and retirees; and,
Whereas a national, universal health care system would ensure that all persons in need of health care including prescription drugs would receive the same services and medications for the same price,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for improvements to the Medicare system, specifically through: 1) the elimination of the politically motivated and fiscally irresponsible subsidies to the private sector (i.e., HMOs, PPOs, and the pharmaceutical companies) thereby substantially lowering beneficiary premiums and deductibles and taxpayer costs, 2) the creation of an easily understood, accessed and used prescription drug benefit that ensures that all beneficiaries are entitled to the same benefits and that eliminates the "doughnut hole," 3) a requirement that government agencies negotiate for lower costs for prescription drugs with the pharmaceutical companies, and 4) the elimination of the means test in the calculation of premiums.
Promote legislation that permits the importation of safe and regulated pharmaceutical drugs.
Support the continuation of federal support for community education and outreach efforts to educate seniors and their families about the 2003 Medicare Modernization Act that help the consumer to make educated choices regarding his or her healthcare.
Propose federal legislation that limits the amount of dollars that pharmaceutical companies can spend on marketing and advertising to no more than 10% of their research and development budgets.
Advocate for legislation that provides tax incentives for companies to institute new or continue existing health and prescription drug benefits.
Advocate for a Universal Health Care system which would ensure quality health care for all Americans regardless of means.

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ELDER MISTREATMENT

Whereas elder mistreatment is a significant public health and criminal justice issue that encompasses physical, psychological, emotional, sexual and/or financial abuse, exploitation, neglect or abandonment that currently affects between 700,000 and 1.2 million Americans annually and is anticipated to grow in number as Baby Boomers age; and,

Whereas while elder abuse has been recognized since 1975, many doctors, nurses, social service providers, law enforcement personnel and the general public are still not knowledgeable about or reluctant to address the issue of elder mistreatment.

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for placing elder mistreatment on the national agenda as a growing public health issue and for establishing a national interagency commission for the development of a coherent national policy to prevent, detect and intervene in elder mistreatment, using a conceptual and programmatic framework recommended by a multidisciplinary panel of experts convened by the U.S. Centers for Disease Control and Prevention in 2002.

Support passage of the Elder Justice Bill.

Propose the establishment of an interagency pool of federal funds and the development of a grant awarding mechanism for collaborative research and education in elder mistreatment that would involve health, social service and law enforcement academics and practitioners.

Promote educational programs to: 1) increase the capacity of healthcare workers, police officers, first responders, legal service providers, social service staff, home care workers, the banking community and the general public to recognize, diagnose, address and report elder mistreatment, 2) increase older people's awareness of legal and financial mechanism to protect themselves against elder mistreatment, 3) combat victims' guilt, fear, embarrassment and isolation, and, 5) publicize a wide range of community resources, legal services, alternative housing and other options for victims of elder mistreatment.

Support the creation of uniform mandatory reporting laws to mitigate litigation fears for reporters and to increase convictions of elder mistreatment perpetrators.

ADRESSING THE NEEDS OF CAREGIVERS

Whereas informal caregivers save the federal government an estimated $200 billion annually by providing more care in the home for elderly relatives and friends–free of charge–than the federal government provides in all settings combined; and,

Whereas between 20% & 40% of caregivers are members of the "sandwich generation" whose caregiving responsibilities cost their employers billions of dollars annually in lost worker productivity; and,

Whereas informal caregivers curtail their professional opportunities and imperil their own financial security, losing an estimated average of $550,000 in total wage wealth and decreasing their Social Security retirement benefit an average of $2,100 annually as a result of caregiving; and,

Whereas research has documented health, mental health and financial stress experienced by caregivers; and,

Whereas women on an average provide 50% more hours of informal care per week than men; and,

Whereas grandparent caregivers (who are primarily women) are 60% more likely to live in poverty than are grandparents not raising grandchildren; and,

Whereas publicly-funded home care hours have been curtailed drastically for seniors in need of long term care, placing even greater burdens on informal caregivers,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for tax credits for caregivers and for those purchasing long-term care insurance.

Promote culturally sensitive services to reflect the diversity of caregivers.

Support the utilization of a broad definition of family to reflect the realities of American life.

Advocate for federal job flexibility policies to accommodate employee caregiving responsibilities.

Propose programs that compensate caregivers financially and with respite hours.

Recommend federal programs and policies that will provide grandparents caring for their grandchildren much needed economic assistance as well as help with educational, medical, legal and social services needs.

Advocate for increased funding of federally-funded non-medical, as well as medical, home care programs sufficient to meet the needs of frail, homebound seniors to maintain them in their communities and to provide respite for caregivers—particularly working caregivers.

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COMBATING SOCIAL ISOLATION

Whereas studies have consistently shown that older adults who receive social support from family, friends, and neighbors benefit in terms of their psychological well-being, life satisfaction, and physical health; and,
Whereas many individuals undergo difficult transitions in their later years—such as retirement, declining health and mobility, and the death of spouses or life partners—that can strain their social network and perhaps leave them socially isolated; and,
Whereas many older adults require the social, physical, and emotional support of others in order to remain living in their own homes and communities, as they strongly prefer to; and,
Whereas such socially isolated seniors may not receive the help they need to live optimally in their day-to-day lives—and could be at elevated risk for experiencing dire outcome in emergencies—because they have few places to turn for help; and,
Whereas regular visits to this isolated and in-need population by volunteer "friendly visitors" help instill in these seniors a sense of hope and belonging and can also help ensure that they are kept in contact with aging and health agencies and services; and,
Whereas studies indicate that Baby Boomers, who will compose the largest cohort of seniors ever, are even more at risk for social isolation than the current generation of seniors; and,
Whereas social isolation is completely preventable and/or can be overcome with the right interventions and assistance including regular visits by volunteer "friendly visitors," and access to a well-designed and operated public transport system; and,
Whereas the local community is the foundation for social life and has the potential to either promote or combat isolation among its senior residents; and,
Whereas many communities are not age-affirming and elder-friendly (i.e., they do not adequately address seniors' basic needs, optimize their physical and mental health and well-being, promote their social and civic engagement, and/or maximize independence among the frail and disabled), which often results in unacceptable levels of social isolation among their elderly residents; and,
Whereas locally-based service organizations, including settlement houses and community centers, are ideally suited to identify and help isolated seniors because of their intimate knowledge of their communities, their participation in local networks and associations, and their web of contacts throughout their neighborhoods; and,
Whereas many of these organizations do not receive all the support they need to combat social isolation among seniors,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for federal 1) data collection efforts to better gauge the severity of senior isolation and 2) research on and assessments of community needs, services and service delivery models to develop greater understanding of what is necessary to foster age-affirming, elder-friendly communities.
Recommend federal support for public education efforts to combat ageism and other forms of discrimination toward the elderly, to raise public awareness about senior isolation, its detrimental effects, and what can and should be done to combat it, and to ensure seniors are aware of the existing services available to them.
Advocate for increased federal funding for community-based services, including nutrition, education and recreation, home care and transportation programs that identify and provide help to isolated seniors.
Propose changes to federal oversight regulations which will give local **s**ervice providers the needed flexibility to adapt their programs to meet the unique and changing needs of their community's senior population.
Recognize Friendly Visiting programs as an essential service in maintaining an acceptable quality of life for the homebound elderly, preserving their health and their connection to their communities.
Recommend a model protocol for individuals to follow when they become concerned about the welfare of a senior in their neighborhood.

EARLY STAGE ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

Whereas the number of Americans with Alzheimer's disease will increase to 11-16 million by 2050; and,
Whereas there is a need for increased detection of cognitive impairment especially in the early stage-early onset (under 60-65) "Baby Boomer" generation by their primary care providers; and,
Whereas the stigma of Alzheimer's disease is an imposing barrier for individuals and their families to recognizing and identifying symptoms of cognitive impairment and seeking appropriate evaluation and treatment for early stage Alzheimer's disease; and,

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Whereas there are insufficient numbers of programs and services to support, educate and engage those in the early stages, their families and other caregivers; and,
Whereas there is inadequate training for health care, social services, daycare and community aging services providers about early stage Alzheimer's disease; and,
Whereas there is little incentive for current and future work force members to pursue a career in aging, specifically working with persons with early stage Alzheimer's disease,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for funding physician education programs and consumer awareness programs about the signs and symptoms of early Alzheimer's disease including increased awareness of appropriate community medical, diagnostic and support services.
Advocate for funding public education efforts to inform about early signs and symptoms and to remove the social stigma.
Advocate for more community-based and linguistically and culturally competent programs to meet the needs of people and families dealing with early stage and early onset Alzheimer's disease.
Support funding for demonstration projects to test new program models appropriate for early-stage, early-onset individuals.
Advocate for federal initiatives aimed at the development of a linguistically and culturally competent workforce to engage with persons with Alzheimer's disease and other dementias.

CULTURAL COMPETENCE IN PLANNING AND SERVICE DELIVERY

Whereas the issues of cultural diversity are not systematically and consistently addressed in planning how services are delivered; and,
Whereas the Baby Boomer cohort will be much more diverse than today's seniors and will need greater assistance in gaining access to benefits and services; and,
Whereas programs need to be designed and implemented with cultural sensitivity and competence so that people can maintain their dignity in older age; and,
Whereas reaching diverse seniors presents challenges and opportunities for the providers of services to seniors,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Advocate for the implementation of cultural identifiable criteria to be used in the planning stage of how services are created and delivered.
Promote the development of national models of cultural competence training for health, mental health, legal and social service providers.
Advocate for meals programs, senior centers, and housing that will make cultural sensitivity and competence central to their functioning, structure and funding.
Encourage programs to adapt their service delivery to remove barriers that are culturally insensitive.

CREATIVE ARTS PROGRAMS & LIFE-LONG LEARNING FOR OLDER ADULTS

Whereas society benefits when older adults, with their wisdom and lifetime of experience, are given opportunities to transmit their skills and perspectives through creative activities; and,
Whereas new research on the impact of participation in quality arts and cultural programming indicates a vital relationship between creative expression and healthy aging; and,
Whereas limited resources for "arts and aging" programs deprive older adults of outlets for artistic exploration and self-expression; and,
Whereas there are limited opportunities for older Americans to engage in life-long learning,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Promote the establishment of a national policy to ensure that older adults are given opportunities for creative engagement and life-long learning.
Advocate for dedicated funding through the Older Americans Act sufficient to realize such a policy.

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INTEGRATED SERVICES FOR OLDER ADULTS

Whereas seniors frequently receive uncoordinated care from different service systems and multiple providers; and,
Whereas coordinated care results in better health outcomes; and,
Whereas regulations governing government funding for service systems do not currently promote–and sometimes actually discourage–collaboration across systems; and,
Whereas structures to facilitate cross-systems information sharing, cross-systems training, and cross-systems collaboration are lacking; and,
Whereas national statistics indicate that there will be a serious workforce shortage of linguistically and culturally competent professionals trained to work on geriatric teams at the very time when Baby Boomers will be swelling the 60+ population,

THEREFORE BE IT RESOLVED by the 2005 White House Conference on Aging to:

Propose a national needs assessment to learn who gets care, what needs are being currently met, by whom they are being met, and where they are provided.
Advocate for a federal grant-funded program to support development of model neighborhood-based, collaborative service planning and delivery structures.
Support federal initiatives aimed at creating a corps of linguistically and culturally competent health and social service professionals trained to work on geriatric teams, including scholarships and loan forgiveness to serve older adults especially for cultural minorities, core curriculum changes in professional schools (e.g., medical, nursing, social work) to include geriatric care.
Encourage "one-stop shopping" models.
Support development of comprehensive community databases that list all providers within the community, their services, locations and the languages spoken by staff.
Support prevention models as funded services within long-term-care.

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